



Department of Environmental Quality  
Permits Division  
Registrations & Certifications Section  
P.O. Box 4313  
Baton Rouge, LA 70821-4313  
Phone: (225) 219-3041 Fax: (225) 219-3154

Application (For Office Use Only)  
Date Received: \_\_\_\_\_  
Date Scanned: \_\_\_\_\_  
User Group: Radiation  
AI#: \_\_\_\_\_

Form DRC 20 (rev 12/17/03)

## Application for Industrial Radiography Certification

(Check all boxes that apply)

<input type="checkbox"/> (1) New Application for Exam Exam Date: _____ (2)  Exam Type: <input type="checkbox"/> Initial <input type="checkbox"/> Re-Exam <input type="checkbox"/> Renewal (3)  Exam Category: <input type="checkbox"/> RAM <input type="checkbox"/> X-Ray <input type="checkbox"/> Both (4)  <input type="checkbox"/> (5) Application for Certified Radiographer Status	<input type="checkbox"/> (6) Application for Trainee Status  Minimum Requirements: (1) 40 Hour Course (2) 40 Hours of on-the-job training	<input type="checkbox"/> (7) Request for Change of Information / ie, expiration date, change of company name, etc.  <input type="checkbox"/> (8) Other: _____ _____ _____ _____
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**Note: The fee of \$178.00 must be made payable to DEQ and must be included with this application for examination processing. (Check or money order only)**

\_\_\_\_\_  
Applicant Name (Last, First, Middle Initial) (9) Social Security Number (10)  
\_\_\_\_\_  
Residence Address (Number, Street, City, State, Zip) (11) Date of Birth (mm/dd/yy) (12)  
\_\_\_\_\_  
Residence Telephone Number (13)  
\_\_\_\_\_  
Certification Card Number: \_\_\_\_\_ (14) State: \_\_\_\_\_ (15) Expiration Date: \_\_\_\_\_ (16)

### Company Information

Present Employer: \_\_\_\_\_ (17) Agency Interest ID No.: \_\_\_\_\_ License/Registration No: \_\_\_\_\_ (18)  
Optional  
Start Date: \_\_\_\_\_ (19) End Date: \_\_\_\_\_ (20) RSO/Contact: \_\_\_\_\_ (21) / \_\_\_\_\_ (22)  
(Phone Number)

### Training Information

The above individual has been instructed for at least 40 hours in the subjects outlined in sections I, II, and III in Appendix A of Chapter 5 of the Louisiana Radiation Protection Regulations (LAC 33:XV). Both the instructor and the course of instruction were approved by the Department prior to the time of instruction. **A copy of the training course certificate is required if Trainee Status is requested or if applying for initial exam.**

Firm, School, or Consultant: \_\_\_\_\_ (23) Dates of Instruction: \_\_\_\_\_ (24)

The above individual has received the following total hours of on-the-job training (OJT) ("**on file**" or "**previously submitted**" is not acceptable):

_____ (hours) (25) Radioactive Material OJT	_____ (hours) (26) X-Ray OJT	Dates of Training: _____ (27)
Name of instructor: _____ (28)		Signature of Instructor: _____ (29)

☐ (30) The above individual has received instruction and passed a company-specific written exam and field test on the company's operating and emergency procedures.

Please Note:

1. Trainee status will only be granted for a period not to exceed five years.
2. Trainees must work under the personal supervision of an instructor who is specified on the company license.
3. Trainee status is not valid until a confirmation letter and card are received from the Department.
4. The Trainee Status authorization card received from the Department must be kept with the trainee at all times during industrial radiography operations.

I hereby certify that the information I have provided is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of RSO/Company Representative (31) Date (32) \_\_\_\_\_ (33) \_\_\_\_\_ (34)  
Signature of Applicant (if applicable) Date

Note: A Form DRC-20 is required to be completed on each radiographer employed by your company, even if a form has been completed by a previous employer.